

B17000000215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

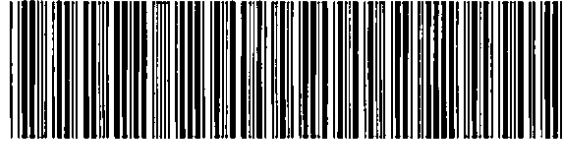
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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AND
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2022 JAN 12 AM 11:16

SECRETARIA
TALLAHASSEE, FLORIDA

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2022 JAN 12 AM 11:49

SECRETARIA
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 372839 4804708
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 52.50

ORDER DATE : January 11, 2022
ORDER TIME : 9:30 AM
ORDER NO. : 372839-015
CUSTOMER NO: 4804708

FOREIGN FILINGS

NAME: ROME CAPITAL INVESTORS, LP

 CORPORATE
XX LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rome Capital Investors, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael Rome
Contact Person

Rome Capital Investors, LP
Firm/Company

240 Via Las Brisas
Address

Palm Beach, FL 33480
City, State and Zip Code

mrome@romecap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rome at (646) 331-5920
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
Rome Capital Investors, LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B17000000215

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 9/14/2017

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:
Name: Business Address:

<u>Rome Capital Investors GP, LLC</u>	<u>240 Via Las Brisas</u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
	<u>Palm Beach, FL 33480</u>	<input checked="" type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE

2022 JAN 12 AM 11:15

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AND
FILED

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

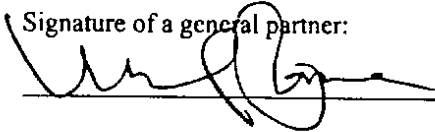
- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

Michael Rome

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75